

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000879 (8)**

1. Corporation Name

KENSINGTON PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: **1000 CLINT MOORE ROAD SUITE 110 BOCA RATON FL 33487**
Mailing Address: **5295 TOWN CENTER RD STE 200 BOCA RATON FL 33486 US**

3. Date Incorporated or Qualified: **12/21/1992**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **65-0439973**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**
Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ENDELSON, KENNETH M
1000 CLINT MOORE ROAD
SUITE 110
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (Note: Registered Agent signature required when filing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ENDELSON, KENNETH M	
STREET ADDRESS	1000 CLINT MOORE ROAD SUITE 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FINELSTEIN, RICHARD	
STREET ADDRESS	1000 CLINT MOORE ROAD SUITE 110	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JUDY GRAY	
STREET ADDRESS	1000 CLINT MOORE RE SUITE 110	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	
42 NAME	SD JUDY GRAY
43 STREET ADDRESS	1000 CLINT MOORE RE SUITE 110
44 CITY-ST-ZIP	BOCA RATON, FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	300001762623
53 STREET ADDRESS	-03/29/96--01042--020
54 CITY-ST-ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (12/95)

3-28-96